



# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

18 November 7, 2012

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Los Angeles County  
Board of Supervisors

November 07, 2012

Gloria Molina  
First District

Mark Ridley-Thomas  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

## REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL DISTRICTS) (3 VOTES)

Mitchell H. Katz, M.D.  
Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

Christina Ghaly, M.D.  
Deputy Director, Strategic Planning

### SUBJECT

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

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[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

To request Board approval for the Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement or Impacted Hospital Program (IHP). The compromise offers of settlement referenced below are not within the Director's authority to accept.

### IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

- (1) Account Number LAC+USC MC – Various \$3,000
- (2) Account Number LAC+USC MC – Various \$4,800
- (3) Account Number LAC+USC MC – 13058608 \$5,000
- (4) Account Number Harbor-UCLA MC – Various \$8,000
- (5) Account Number Harbor-UCLA MC – Various \$12,000
- (6) Account Number Harbor-UCLA MC – 9497665 \$12,006
- (7) Account Number LAC+USC MC – Various \$22,000
- (8) Account Number Harbor-UCLA MC – Various \$81,314

To ensure access to high-quality,  
patient-centered, cost-effective health  
care to Los Angeles County residents  
through direct services at DHS facilities  
and through collaboration with  
community and university partners.

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(9) Account Number Harbor-UCLA MC – 2597627 \$311,117

Patients who received medical care at non-County facilities:

(10) Account Number IHP - 57921306 \$1,000

(11) Account Number IHP - 54478805 \$9,000

(12) Account Number EMS - 528 \$1,631

(13) Account Number EMS - 258 \$7,500

(14) Account Number EMS - 529 \$32,104

Total All Accounts: \$510,472

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (8) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases. The compromise offer of settlement for patient account (9) is recommended because the offer is the highest amount that could be negotiated with the patient's insurance provider (Commercial or HMO) under the circumstances of the case, and receipt of such insurance proceeds prevents further collection from the patient, except for possible beneficiary co-insurance or deductible obligations.

Patients who received medical care at non-County facilities: The compromise offers of settlement for patient accounts (10) - (14) are recommended because the County has agreements with certain non-County medical facilities under which it pays for emergency or trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

### **Implementation of Strategic Plan Goals**

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

This will expedite the County's recovery of revenue totaling approximately \$510,472.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma and IHP accounts (non-County facilities) will replenish the Los Angeles County Trauma and IHP Funds.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is fluid and cursive, with the first name "Mitchell" written in a larger, more prominent script than the last name "Katz".

Mitchell H. Katz, M.D.

Director

MHK:lg

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$35,128	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$35,128	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$3,000	<b>% Of Charges</b>	9 %
<b>Amount to be Written Off</b>	\$32,128	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$35,128 for medical services rendered. The patient has ATP with no liability and no other coverage was found. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$5,000	\$5,000	33 %
<b>Lawyer's Cost</b>	\$493	\$493	3 %
<b>LAC+USC Medical Center *</b>	\$35,128	\$3,000	20 %
<b>Other Lien Holders *</b>	\$8,393.75	\$1,753.50	12 %
<b>Patient</b>	-	\$4,753.50	32 %
<b>Total</b>	-	\$15,000	100 %

\* Lien holders are receiving 32% of the settlement (20% to LAC+USC Medical Center and 12% to others). This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The lien holders will receive 32% of the settlement with the patient receiving the remaining 32%.

This patient is covered by ATP and as a condition of the ATP agreement; the County may pursue reimbursement from any responsible third party. Based on the information available, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$85,059	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$85,059	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$4,800	<b>% Of Charges</b>	6 %
<b>Amount to be Written Off</b>	\$80,259	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$85,059 for medical services rendered. The patient has ATP with no liability and no other coverage was found. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$6,000	\$6,000	40 %
<b>Lawyer's Cost</b>	\$823.90	\$823.90	6 %
<b>LAC+USC Medical Center *</b>	\$85,059	\$4,800	32 %
<b>Other Lien Holders *</b>	\$2,867	\$2,000	13 %
<b>Patient</b>	-	\$1,376.10	9 %
<b>Total</b>	-	\$15,000	100 %

\* Lien holders are receiving 45% of the settlement (32% to LAC+USC Medical Center and 13% to others).

This patient is covered by ATP and as a condition of the ATP agreement; the County may pursue reimbursement from any responsible third party. Based on the information available, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$88,284	<b>Account Number</b>	13058608
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$88,284	<b>Date of Service</b>	3/18/12 – 3/25/12
<b>Compromise Amount Offered</b>	\$5,000	<b>% Of Charges</b>	6 %
<b>Amount to be Written Off</b>	\$83,284	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$88,284 for medical services rendered. The patient was homeless and did not survive the accident. No overage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his family (no attorney was involved in this settlement) is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	-	-	-
<b>Lawyer's Cost</b>	-	-	-
<b>LAC+USC Medical Center</b>	\$88,284	\$5,000	33 %
<b>Other Lien Holders</b>	-	-	-
<b>Patient *</b>	-	10,000	67 %
<b>Total</b>	-	\$15,000	100 %

\* The patient is deceased and his family indicated financial hardship. The patient's family will be receiving 67% of the settlement for burial services.

Based on the information available, it appears that the patient has no assets to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$32,019	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$32,019	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$8,000	<b>% Of Charges</b>	25 %
<b>Amount to be Written Off</b>	\$24,019	<b>Facility</b>	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$32,019 for medical services rendered. The patient has ATP with no liability and no other coverage was found. The patient's third party liability (TPL) claim settled for \$25,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$1,653	\$1,653	6 %
<b>Lawyer's Cost</b>	\$106.64	\$106.64	1 %
<b>H-UCLA Medical Center *</b>	\$32,019	\$8,000	32 %
<b>Other Lien Holders *</b>	\$24,241.24	\$13,694	55 %
<b>Patient</b>	-	\$1,546.36	6 %
<b>Total</b>	-	\$25,000	100 %

\* Lien holders are receiving 87% of the settlement (32% to H-UCLA Medical Center and 55% to others).

This patient is covered by ATP and as a condition of the ATP agreement; the County may pursue reimbursement from any responsible third party. Based on the information available, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$33,469	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$33,469	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$12,000	<b>% Of Charges</b>	36 %
<b>Amount to be Written Off</b>	\$21,469	<b>Facility</b>	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$33,469 for medical services rendered. No other coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$50,000 and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees *</b>	\$20,000	\$20,000	40 %
<b>Lawyer's Cost</b>	\$2,294.91	\$2,294.91	5 %
<b>H-UCLA Medical Center **</b>	\$33,469	\$12,000	24 %
<b>Other Lien Holders **</b>	\$21,884.98	\$6,417.56	13 %
<b>Patient</b>	-	\$9,287.53	18 %
<b>Total</b>	-	\$50,000	100 %

\* Attorney's fee of 40% was agreed upon in the retainer agreement between the patient and her attorney.

\*\* Lien holders are receiving 37% of the settlement (24% to H-UCLA Medical Center and 13% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$35,311	<b>Account Number</b>	9497665
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$35,311	<b>Date of Service</b>	11/11/08 - 11/14/08
<b>Compromise Amount Offered</b>	\$12,005.74	<b>% Of Charges</b>	34 %
<b>Amount to be Written Off</b>	\$23,305.26	<b>Facility</b>	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient gross charges of \$35,311 for medical services rendered. No other coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$81,500 and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees *</b>	\$40,750	\$35,000	43 %
<b>Lawyer's Cost *</b>	\$9,813.86	\$9,813.86	12 %
<b>H-UCLA Medical Center **</b>	\$35,311	\$12,005.74	15 %
<b>Other Lien Holders **</b>	\$14,933.50	\$5,692.84	7 %
<b>Patient</b>	-	\$18,987.56	23 %
<b>Total</b>	-	\$81,500	100 %

\* The attorney agreed to reduce his fees from \$40,750 (50%) to \$35,000 (43%). Attorney's fees and costs are high because the case was taken to trial.

\*\* Lien holders are receiving 22% of the settlement (15% to H-UCLA Medical Center and 7% to others). This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The lien holders will receive 22% of the settlement with the patient receiving the remaining 23%.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$68,178	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$68,178	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$22,000	<b>% Of Charges</b>	32 %
<b>Amount to be Written Off</b>	\$46,178	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$68,178 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$75,000 and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$25,000	\$25,000	33 %
<b>Lawyer's Cost</b>	\$200	\$200	1 %
<b>LAC+USC Medical Center *</b>	\$68,178	\$22,000	29 %
<b>Other Lien Holders *</b>	\$11,037	\$3,000	4 %
<b>Patient</b>	-	\$24,800	33 %
<b>Total</b>	-	\$75,000	100 %

\* Lien holders are receiving 33% of the settlement (29% to LAC+USC Medical Center and 4% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8  
DATE: NOVEMBER 7, 2012

<b>Total Gross Charges</b>	\$177,658	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$177,658	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$81,314.06	<b>% Of Charges</b>	46 %
<b>Amount to be Written Off</b>	\$96,343.94	<b>Facility</b>	H-UCLA Medical Center

### JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$177,658 for medical services rendered. The patient was denied Medi-Cal and has ATP with no liability. The patient's third party liability (TPL) claim settled for \$325,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$108,333.33	\$108,333.33	33 %
<b>Lawyer's Cost</b>	\$756.78	\$756.78	1 %
<b>H-UCLA Medical Center *</b>	\$177,658	\$81,314.06	25 %
<b>Other Lien Holders *</b>	\$58,448.40	\$26,751.59	8 %
<b>Patient</b>	-	\$107,844.24	33 %
<b>Total</b>	-	\$325,000	100 %

\* Lien holders are receiving 33% of the settlement (25% to H-UCLA Medical Center and 8% to others).

This patient is covered by ATP and as a condition of the ATP agreement; the County may pursue reimbursement from any responsible third party. Based on the information available, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9  
DATE: NOVEMBER 7, 2012

<b>Total Balance</b>	\$388,896	<b>Account Number</b>	2597627
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$388,896	<b>Date of Service</b>	3/16/12 - 4/19/12
<b>Compromise Amount Offered</b>	\$311,116.80	<b>% Of Charges</b>	80 %
<b>Amount to be Written Off</b>	\$77,779.20	<b>Facility</b>	H-UCLA Medical Center

## JUSTIFICATION

The above compromise offer of settlement is the highest amount that the patient's insurance (Commercial or HMO) could offer under the circumstances of this case, and receipt of such insurance proceeds prevents further collection from the patient, except for possible beneficiary coinsurance or deductible obligations.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10  
DATE: NOVEMBER 7, 2012

<b>Total Charges (Providers)</b>	\$19,630.78	<b>Account Number</b>	57921306 (Impacted Hospital Program)
<b>Amount Paid to Provider</b>	\$250	<b>Service Type / Date of Service</b>	Inpatient Services 7/26/09 – 7/28/09
<b>Compromise Amount Offered</b>	\$1,000	<b>% of Payment Recovered</b>	400 %

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at St. Francis Medical Center and incurred total inpatient gross charges of \$19,630.78 for medical services rendered. The provider has received payment from the Los Angeles County Impacted Hospital Program in the amount of \$250. The patient's third-party claim has been settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's fees</b>	\$5,000	\$5,000	33 %
<b>Los Angeles County *</b>	\$19,630.78	\$1,000	7 %
<b>Other lien holders *</b>	7,679.73	\$4,000	27 %
<b>Patient</b>		\$5,000	33 %
<b>Total</b>		\$15,000	100 %

\* Lien holders are receiving 33% of the settlement (7% to Los Angeles County and 27% to others).

As stated in the Impacted Hospital Program (IHP) agreement, reimbursement to providers is for Emergency Room (ER) and Inpatient Services provided to eligible indigent patients.

Proposed settlement reimburses the IHP fund 400% (\$1,000) of amount paid to St. Francis Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11  
DATE: NOVEMBER 7, 2012

<b>Total Charges (Providers)</b>	\$45,999.80	<b>Account Number</b>	54478805 (Impacted Hospital Program)
<b>Amount Paid to Provider</b>	\$8,554.80	<b>Service Type / Date of Service</b>	Inpatient Services 7/26/09 – 7/30/09
<b>Compromise Amount Offered</b>	\$9,000	<b>% of Payment Recovered</b>	105 %

### JUSTIFICATION

This patient sustained severe injuries when a fight broke out in a pool hall. As a result of this incident, the patient was treated at St. Francis Medical Center and incurred total inpatient gross charges of \$45,999.80 for medical services rendered. The provider has received payment from the Los Angeles County Impacted Hospital Program in the amount of \$8,554.80. The patient's third-party claim has been settled for \$55,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's fees *</b>	\$24,750	\$24,750	45 %
<b>Lawyer's Cost</b>	\$5,709.11	\$5,709.11	10 %
<b>Los Angeles County</b>	\$45,999.80	\$9,000	17 %
<b>Other lien holders</b>	-	-	-
<b>Patient **</b>	-	\$15,540.89	28 %
<b>Total</b>	-	\$55,000	100 %

\* Attorney's fee of 45% was agreed upon in the retainer agreement between the patient and his attorney.

\* \* The patient will receive 28% of the settlement for additional needed surgery estimated to cost \$24,327.

As stated in the Impacted Hospital Program (IHP) agreement, reimbursement to providers is for Emergency Room (ER) and Inpatient Services provided to eligible indigent patients.

Proposed settlement reimburses the IHP fund 105% (\$9,000) of amount paid to St. Francis Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12  
DATE: NOVEMBER 7, 2012

<b>Total Charges (Providers)</b>	\$67,791	<b>Account Number</b>	EMS 528
<b>Amount Paid to Provider</b>	\$22,744	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 7/2/10 - 7/5/2010
<b>Compromise Amount Offered</b>	\$1,631	<b>% of Payment Recovered</b>	7 %

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$67,791 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$22,744. The patient's third-party claim has been settled for \$5,000, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$5,000)</b>
<b>Attorney fees</b>	\$1,250	\$1,250	25 %
<b>Lawyer cost</b>	\$489	\$488	10 %
<b>Los Angeles County</b>	\$67,791	\$1,631	33 %
<b>Patient</b>		\$1,631	32 %
<b>Total</b>		\$5,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 7% (\$1,631) of amount paid to UCLA Medical Center.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13  
DATE: NOVEMBER 7, 2012

<b>Total Charges (Providers)</b>	\$49,025	<b>Account Number</b>	EMS 258
<b>Amount Paid to Provider</b>	\$6,425	<b>Service Type / Date of Service</b>	Outpatient 12/1/2011
<b>Compromise Amount Offered</b>	\$7,500	<b>% of Payment Recovered</b>	117 %

## JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Huntington Memorial Hospital and incurred total outpatient gross charges of \$49,025 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$6,425. The patient's third-party claim has been settled for \$50,000, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$50,000)</b>
<b>Attorney fees</b>	\$20,000	\$20,000	40 %
<b>Attorney cost</b>	\$941	\$941	2 %
<b>Other lien holders</b>	\$15,292	\$6,292	13 %
<b>Los Angeles County</b>	\$49,025	\$7,500	15 %
<b>Patient</b>		\$15,267	30 %
<b>Total</b>		\$50,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 117% (\$7,500) of amount paid to Huntington Memorial Hospital.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 14  
DATE: NOVEMBER 7, 2012

<b>Total Charges (Providers)</b>	\$90,184	<b>Account Number</b>	EMS 529
<b>Amount Paid to Provider</b>	\$31,005	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 10/16/11-10/21/11
<b>Compromise Amount Offered</b>	\$32,104	<b>% of Payment Recovered</b>	104 %

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient and outpatient gross charges of \$90,184 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$31,005. The patient's third-party claim has been settled for \$100,000, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$100,000)</b>
<b>Attorney fees</b>	\$33,167	\$33,167	33 %
<b>Attorney cost</b>	\$500	\$500	1 %
<b>Other lien holders</b>	\$2,925	\$1,070	1 %
<b>Los Angeles County</b>	\$90,184	\$32,104	32 %
<b>Patient</b>		\$33,159	33 %
<b>Total</b>		\$100,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 104% (\$32,104) of amount paid to Providence Holy Cross Medical Center.